

Remarks

Reconsideration of the application is respectfully  
5 requested. The abstract was objected to. The revised  
abstract should be in full conformance. Claims 1-10 were  
objected to for including reference numerals. The reference  
numerals have now been removed and the claims should be in  
full conformance. No new matter has been added to the  
10 abstract or the amended claims.

Claims 1-3, 5-8 were rejected under Section 103 over  
Gueramy in view of Brown. This rejection is respectfully  
traversed.

To summarize the present invention, it is an  
15 effective method for navigating in a handheld computer device  
that contains medical modules for use by healthcare  
professionals. The method of the present invention is  
particularly suited for handheld PDA devices with small  
screens. A bookmark device may be used to activate a bookmark  
20 module. The bookmark module enables the user to jump directly  
from a first bookmark associated with a first module to a  
second bookmark associated with a second module without  
restarting the second module. The device also enables the  
user to display an entire sentence that is longer than the  
25 width of the display by using an electronic pen to tap and  
hold the pen on the sentence until the entire sentence is  
displayed in a dialog box. This is an important feature when

displaying medical information in a PDA device that has a relatively small display. The ease of moving between different modules and bookmarks are also important features of the handheld computer device of the present invention.

5           It is submitted that none of the cited references teaches or suggests all the features of the amended claim 1.

          Gueramy merely discloses a multimedia computerized patient record system for use in a conventional desktop computer system that has full-sized screen, as indicated by  
10   all the details of the screen shown in Fig. 2. Fig. 3 shows a bookmark screen 300. The bookmark button 320 provides a bookmark for the particular screen in which the bookmark button was activated (see paragraph [0034]). Paragraph [0034] further explain that "a user viewing a particular chart screen  
15   may want to reference or "bookmark" the chart for easy retrieval in the future, and therefore activated the bookmark button at that chart screen." This means the user must first activate another screen, by, for example, pressing the navigation template 220 to view a different screen before a  
20   bookmark in that particular screen may be added with the add bookmark button 320 or deleted with the delete bookmark button 330. There is no indication that it is possible to move from a first bookmark associated with a first document to a second bookmark associated with a second document without restarting  
25   the second document.

          The Examiner correctly states that Gueramy fails to

disclose a method for navigating in a computer device containing medical information comprising a display for displaying a module menu and selecting the first medical module for the module menu and selecting the second medical module.

Gueramy also fails to teach navigating in a handheld computer device. It is also submitted that Gueramy and the other cited references also fail to teach the steps of moving from the first bookmark to the second bookmark without restarting the second module that is associated with the second bookmark. Additionally, the cited references fail to teach or suggest displaying a sentence that is longer than the width of the screen and tapping and holding the sentence with an electronic pen to display the entire sentence in a dialogue box.

Brown does not cure these deficiencies. Brown discloses a handheld computer 12 (see Fig. 1) for use by patients, particularly diabetic children. The system has a clearing house 54 which has a menu showing a list of patients (see Fig. 2). The clearing house 54 receives information from users 58 and healthcare professionals 60 and prints reports based on this information (see col. 9, lines 49-60 and col. 10). A program cartridge 42 may be inserted into the handheld computer 12 that generate menu screens (see col. 11, lines 10-17). One main feature of Brown's system is that the healthcare professional can remotely monitor a patient for

training the patient to comply with a treatment plan (see abstract). The patient's health condition is collected by the handheld computer 12 and transmitted to the computer of a healthcare professional for analysis. Brown explains (col. 6, line 62 to col. 7, line 15) that video game systems should be used to make the patient training more acceptable to the patient. In col. 6, lines 21-31, Brown explains that a standard video game system should be used to keep costs down.

It is submitted that Brown is not teaching using the handheld device 12 as a tool for healthcare professionals. The clearing house 54 is not displayed in the handheld device 12 but in a separate device that is not accessible by the user of the handheld device 12. In contrast to the handheld computer of the present invention, the device 12 of Brown has game-like features (see col. 7, line 8) and any complicated menu system that is intended for doctors are intentionally avoided.

It is submitted it would be contrary to the teachings of Brown to modify his handheld device 12 to display a menu with first and second plug-in medical modules. Any such display would reduce the motivation of the patient to be trained. Also, the whole idea behind Brown's invention is to enable the remotely located doctor to monitor the patient's health condition by requiring the patient to enter data into the handheld computer. The doctor has no handheld computer.

It is submitted that none of the cited references

teaches or suggests:

- 1) Providing a handheld computer device that displays a menu with medical plug-in modules,
- 2) Using a bookmark module to move from a first  
5 bookmark to a second bookmark without restarting the second module, and
- 3) Tapping and holding a sentence with an electronic pen to display the entire sentence in a dialogue box.

Applicant fails to see why a person of ordinary  
10 skill in the art would look to Gueramy, Brown and the other cited references to learn about these features when they are completely missing. It submitted that the cited references would require substantial modifications that are not taught or suggested, to meet the requirements of the amended claim 1.

15 In view of the above, it is submitted that the amended claim 1 is allowable.

Claims 2-3, 5-8 are submitted to be allowable because they depend upon the allowable base claim 1 and because each claim includes limitations that are not taught or  
20 suggested in the cited references.

Claims 4 and 9-10 were rejected under Section 103 over Gueramy in view of Brown and further in view of DeRose. This rejection is respectfully traversed.

25 Claims 4, 9-10 are submitted to be allowable because they depend upon the allowable base claim 1 and because each claim includes limitations that are not taught or suggested in

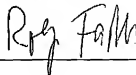
the cited references.

The application is now submitted to be in condition  
for allowance, and such action is respectfully requested.

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Respectfully submitted,

FASTH LAW OFFICES



Rolf Fasth

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Registration No. 36,999

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FASTH LAW OFFICES  
26 Pinecrest Plaza, Suite 2  
Southern Pines, NC 28387-4301  
Telephone: (910) 687-0001  
Facsimile: (910) 295-2152